



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

CORRECTION OF REPEAT VIOLATIONS FORM

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

ELBI #:

Date of Inspection (when violation(s) cited):

Building Name:

Building Physical Address:

Number, Street Name, Suite Number/Apartment Number

City

Zip Code

#	TXE Decal #	Code Rule or Section # of Violation Corrected
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

BY SIGNING THIS FORM, I CERTIFY THE ABOVE IS TRUE AND CORRECT.

Inspector Signature

TDLR INSP LIC #

Inspector Name (Printed)

Date

THIS FORM MUST BE FILED DIRECTLY WITH THE REGULATORY PROGRAM MANAGEMENT DIVISION – ELEVATOR/ESCALATOR SAFETY PROGRAM AT ELEVATOR@TDLR.TEXAS.GOV